

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2007  
Secretary of State**

DOCUMENT# P23114

Entity Name: BRADY DISTRIBUTING COMPANY

**Current Principal Place of Business:**

2708 YORKMONT RD.  
P O BOX 19269  
CHARLOTTE, NC 282196269 US

**New Principal Place of Business:**

2708 YORKMONT RD.  
CHARLOTTE, NC 28208 US

**Current Mailing Address:**

2708 YORKMONT RD.  
P O BOX 19269  
CHARLOTTE, NC 282196269 US

**New Mailing Address:**

2708 YORKMONT RD.  
CHARLOTTE, NC 28208 US

FEI Number: 56-0852468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKEN, CHARLES D  
NATIONS BANK PROFESSIONAL CTR STE 360  
8181 W. BROWARD BLVD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRADY, JON P  
Address: 2708 YORKMONT RD.  
City-St-Zip: CHARLOTTE, NC 28208

Title: VP ( ) Delete  
Name: SMILEY, JAMES G  
Address: 2708 YORKMONT RD.  
City-St-Zip: CHARLOTTE, NC 28208

Title: COO ( ) Delete  
Name: COOKE, LARRY E  
Address: 2708 YORKMONT RD.  
City-St-Zip: CHARLOTTE, NC 28208

Title: VPSD ( ) Delete  
Name: BRADY, JON W.  
Address: 2708 YORKMONT RD.  
City-St-Zip: CHARLOTTE, NC 28208

Title: VPTD ( ) Delete  
Name: BRADY, CHRISTOPHER B  
Address: 2708 YORKMONT RD  
City-St-Zip: CHARLOTTE, NC 28208

Title: D ( ) Delete  
Name: BRADY, GWENDOLYN H  
Address: 2708 YORKMONT RD  
City-St-Zip: CHARLOTTE, NC 28208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRRY E. COOKE

COO

01/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date